

ICD-9-CM COORDINATION AND MAINTENANCE COMMITTEE

Diagnosis (Volume 1) Topics

December 6, 1996

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Obstetric topics

The American College of Obstetricians and Gynecologists (ACOG) has submitted several proposals for modifications to the ICD-9-CM. The most significant is the restructuring of the fetal distress code in the OB chapter. This would create a new category for non-reassuring fetal status that would include all of the less serious fetal stress indicators, such as, heart rate abnormalities, and leave only the most serious fetal stress complications included in the fetal distress code.

A new code is also being proposed for abnormal findings on antenatal screening to correspond to the V28 antenatal screening code. The new code would be used if the screening test came back abnormal. A new code for screening for strep B is also proposed.

The proposals are included below. A few additional modifications are included with the addenda.

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TABULAR MODIFICATIONS

Topic: Fetal distress

655 Known or suspected fetal abnormality affecting management of mother

New code 655.7 Non-reassuring fetal status
 Abnormal fetal:
 acid-base balance
 heart-rate of rhythm
 Fetal:
 bradycardia
 tachycardia

656 Other fetal and placental problems affecting management of mother

656.3 Fetal distress
Delete ~~Abnormal fetal:~~
 ~~acid-base balance~~
 ~~heart rate or rhythm~~
 ~~Fetal:~~
 ~~bradycardia~~
 ~~tachycardia~~
 ~~Meconium in liquor~~

Add Excludes: non-reassuring fetal status (655.7)

Topic: Abnormal findings on antenatal screening

796 Other non-specific abnormal findings

New code 796.5 Abnormal finding on antenatal screening

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Topic: Bilateral amputation status

Following the expansion of sub-categories V49.6, Upper limb amputation status and V49.7, Lower limb amputation status, it has been suggested that a new code be created in each sub-category for bilateral amputation status. There are insufficient digits to specify the level of amputation so a single code is recommended.

TABULAR MODIFICATION

V49 Problems with limbs and other problems

V49.6 Upper limb amputation status

New code V49.68 Bilateral upper limb amputation status

Add Excludes: single limb amputation status (V49.70-V49.67)

V49.7 Lower limb amputation status

New code V49.78 Bilateral lower limb amputation status

Add Excludes: single limb amputation status (V49.70-V49.77)

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Topic: Status post eye surgery

The conditions currently grouped in code V45.6, States following surgery of eye and adnexa, are so diverse that it has been suggested that they be separated to allow better data capture.

TABULAR MODIFICATION

379 Other disorders of eye

379.3 Aphakia and other disorders of lens

379.31 Aphakia

Add Excludes: cataract extraction status
(V45.61)

V45 Other postsurgical states

V45.6 States following surgery of eye and adnexa

Delete ~~Cataract extraction state following eye surgery~~
~~Filtering bleb state following eye surgery~~
~~Surgical eyelid adhesion state following eye surgery~~

Delete ~~Excludes: aphakia (379.31)~~
~~artificial:~~
~~eye globe (V43.0)~~
~~lens (V43.1)~~

New code V45.61 Cataract extraction status

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Add

Excludes: aphakia (379.31)
artificial lens (V43.1)

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New code	V45.62 Surgical eyelid adhesion status
New code	V45.63 Filtering bleb following eye surgery
New code	V45.69 Other states following surgery of eye and adnexa
Add	Excludes: artificial eye globe (V43.0)

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Topic: BB/pellet gun injury e-codes

BB and pellet guns are non-gunpowder guns that use compressed air or gas to propel lead pellets or steel BBs. They can be pistols or long guns. Each year approximately 30,000 persons with injuries related to BB and pellet guns are treated in U.S. hospital emergency departments. According to data from the National Injury Surveillance System (NEISS), operated by the U.S. Consumer Product Safety Commission, most of these injuries (66%) are unintentional, however, some are the result of assault (10%), undetermined intent (23%) or self-inflicted (0.1%).

Currently, unintentional (accidental) injuries due to pellet and BB guns are categorized to E917.9. Included within this code are many other types of external causes including being struck by an object, person, or being kicked, pushed, hit, stepped on, knocked down, or shoved by a person. Additionally, assaults, self-inflicted injuries or instances where the intent cannot be determined have no specific codes. We propose to create new codes to identify these cases.

TABULAR MODIFICATIONS

E917 Striking against or struck accidentally by objects
or persons

E917.9 Other

Delete ~~Accident caused by air rifle [BB gun]~~

E922 Accident caused by firearm missile

E922.2 Hunting rifle

Revise	Excludes: air gun [air rifle] [pellet gun] [BB gun] (E922.4)
New code	E922.4 Air gun [pellet gun] [BB gun]

Revise Excludes: **air gun** [air rifle] [pellet gun]
[BB gun] (**E922.4**)

Revise Excludes: **air gun** [air rifle] [pellet gun]
[BB gun] (**E922.4**)

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E955 Suicide and self-inflicted injury by firearms and explosives

New code E955.6 Air gun [pellet gun] [BB gun]

E968 Assault by other and unspecified means

New code E968.6 Air gun [pellet gun] [BB gun]

E985 Injury by firearms and explosives, undetermined whether accidental, or purposefully inflicted

New code E985.6 Air gun [pellet gun] [BB gun]

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Topic: Congenital anomalies of abdominal wall

Code 756.7, Anomalies of abdominal wall, contains three distinct congenital anomalies, prune belly syndrome, gastroschisis, and omphalocele.

Prune belly syndrome (Triad syndrome) consists of abdominal muscle deficiency, urinary tract dilation, and cryptorchidism. The name comes from the wrinkled prune-like appearance of the abdominal wall. Complications include renal and pulmonary failure.

Gastroschisis and omphalocele represent the two major abdominal wall developmental defects. Gastroschisis is herniation ranging from a lack of covering sac of the small intestine through full-thickness complete abdominal wall defect, usually to the right of the normal umbilicus.

An omphalocele is a congenital herniation that contains the intestine or other abdominal organs, protrudes from a mid-line defect at the base of the umbilicus and is covered by a thin membrane sac. Omphaloceles are not associated with prematurity as is gastroschisis but usually accompany other anomalies.

It is recommended that the three distinct congenital anomalies be given unique codes in subcategory 756.7.

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TABULAR MODIFICATION

753 Congenital anomalies of urinary system

753.8 Other specified anomalies of bladder and urethra

Delete Congenital prolapse of:
 ~~bladder (mucosa)~~

756 Other congenital musculoskeletal anomalies

756.7 Anomalies of abdominal wall

Delete ~~Exomphalos~~
 ~~Gastroschisis~~
 ~~Omphalocele~~
 ~~Prune belly (syndrome)~~

Delete ~~Excludes: umbilical hernia (551-553 with .1)~~

New code 756.71 Gastroschisis

New code 756.72 Omphalocele
 Exomphalos

Add Excludes: umbilical hernia (551-553
 with .1)

New code 756.73 Prune belly syndrome
 Congenital prolapse of bladder
 mucosa
 Eagle-Barrett syndrome

New code 756.79 Other congenital anomalies of
 abdominal wall

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Topic: Late effects of cerebrovascular disease

When a patient is admitted with a diagnosis classifiable to codes 430-437 current coding guidelines state that code 438 (late effect of old CVAs) with neurologic deficits should not be assigned if that patient also has sequela from a previous stroke.

We propose to modify the tabular list by adding 4th digits to the code to allow identification of specific types of deficits due to old CVAs. The intent is to improve data capture for these patients by linking the specific deficit with the old CVA. This would also allow the reporting of new sequela from the current stroke as well as the deficits from previous strokes.

Code V12.59 would remain unchanged and would still be assigned as an additional code for history of cerebrovascular disease when no neurologic deficits are present.

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TABULAR MODIFICATION

Option 1:

438 Late effects of cerebrovascular disease

Note: This category is to be used to indicate conditions in 430-437 as the cause of late effects. Themselves classifiable elsewhere. The "late effects" include conditions specified as such, or as sequelae, which may occur at any time after onset of the causal condition.

~~Code also sequelae:~~
~~Aphasia (784.3)~~
~~Dysphagia (784.5)~~
~~Hemiplegia (342.0-342.9)~~
~~Paralysis (344.0-344.9)~~

Add The following fifth digit subclassification is for use with subcategories 438.3-438.4, 438.7-438.8

0 Affecting unspecified side
1 Affecting dominant side
2 Affecting nondominant side

New code	438.1	Aphasia
New code	438.2	Dysphagia
New code	438.3	Hemiplegia and Hemiparesis
New code	438.4	Quadriplegia
New code	438.5	Paraplegia
New code	438.6	Diplegia of upper limb
New code	438.7	Monoplegia of upper limb
New code	438.8	Monoplegia lower limb

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New code 438.9 Other and unspecified

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Option 2:

438 Late effects of cerebrovascular disease

Note: This category is to be used to indicate conditions in 430-437 as the cause of late effects. Themselves classifiable elsewhere. The "late effects" include conditions specified as such, or as sequelae, which may occur at any time after onset of the causal condition.

~~Code also sequelae:~~
~~Aphasia (784.3)~~
~~Dysphagia (784.5)~~
~~Hemiplegia (342.0-342.9)~~
~~Paralysis (344.0-344.9)~~

New code 438.1 Speech and language deficits
 Aphasia
 Apraxia
 Dysarthria

New code 438.2 With dysphagia

New code 438.3 With hemiplegia and hemiparesis

New code 438.4 With paralysis

New code 438.40 Quadriplegia
New code 438.41 Paraplegia
New code 438.42 Diplegia of upper limb
New code 438.43 Monoplegia of upper limb
New code 438.44 Monoplegia lower limb
New code 438.45 Other and unspecified

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New code 438.5 Cognitive deficits

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Option 3:

438 Late effects of cerebrovascular disease

~~Code also sequelae:~~

~~Aphasia (784.3)~~
~~Dysphagia (784.5)~~
~~Hemiplegia (342.0-342.9)~~
~~Paralysis (344.0-344.9)~~

New code	438.0	Cognitive deficits
New sub-category	438.1	Hemiplegia/hemiparesis
New code	438.10	Hemiplegia affecting unspecified side
New code	438.11	Hemiplegia affecting dominant side
New code	438.12	Hemiplegia affecting non-dominant side
New sub-category	438.2	Monoplegia
New code	438.20	Monoplegia affecting unspecified side
New code	438.21	Monoplegia affecting dominant side
New code	438.22	Monoplegia affecting non-dominant side
New sub-category	438.7	Other paralytic syndrome
New code	438.70	Other paralytic syndrome affecting unspecified side
New code	438.71	Other paralytic syndrome affecting dominant side
New code	438.72	Other paralytic syndrome affecting

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non-dominant side

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New sub-category	438.8	Other late effects of cerebrovascular disease
New code	438.81	Aphasia
		Dysphasia
New code	438.82	Dysarthria
New code	438.83	Dysphagia
New code	438.89	Other late effects of cerebrovascular disease
		Apraxia
New code	438.9	Unspecified late effects of cerebrovascular disease

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Topic: Family history of malignant neoplasm

We propose to expand code V16.4 to specifically identify two forms of malignant neoplasms that are known to run in families and place a patient at greater risk. These codes will allow for better information those patients who may be encounter health care services more frequently because of their family history.

V16 Family history of malignant neoplasm

	V16.4	Genital organs
New code	V16.41	Ovary
New code	V16.42	Prostate
New code	V16.43	Testis
New code	V16.49	Other

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Topic: Orthopedic aftercare

Patients who are seen for the removal of orthopedic fixation devices may be seen in either the inpatient or ambulatory care setting. In most instances these cases should not be assigned a diagnosis code, but rather, an aftercare V code for the encounter. Two options for fifth-digit expansion for the orthopedic aftercare V codes are included.

TABULAR MODIFICATIONS

V54 Other orthopedic aftercare

Option 1:

The following fifth digit subclassifications are for V54.0-V54.9

New	0	unspecified site
codes	1	humerus
	2	radius and ulna, distal
	3	vertebrae
	4	neck of femur
	5	fracture of other specified part of femur
	6	tibia or fibula
	7	other specified site

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Option 2:

The following fifth digit subclassifications are for
V54.0-V54.9

New	0	unspecified site
codes	1	upper limb
	2	lower limb
	3	spine
		back
	4	hip
	5	upper limb
	6	lower limb
	7	other specified site

V54.0 Aftercare involving removal of fracture
plate or other internal fixation device

V54.1 Other orthopedic aftercare

V54.9 Unspecified orthopedic aftercare

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Topic: Staph aureus sepsis

The use of code 041.11 in conjunction with code 038.1 is technically correct to fully classify Staphylococcus aureus sepsis, however, compliance with using the second code to identify the organism is small. For the purposes of epidemiological monitoring of these infections a new code is being proposed that identifies the type of staph sepsis in the 038 code. Perhaps as high as 90% of staph aureus infection and probably less than 50% of non-aureus staph cases are true sepsis.

TABULAR MODIFICATION

038 Septicemia

038.1 Staphylococcal septicemia

New code 038.11 Staphylococcus aureus septicemia

New code 038.19 Other staphylococcal septicemia

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Topic: Cryptosporidiosis

Outbreaks of cryptosporidiosis in various parts of the country (Wisconsin, Connecticut, New York, Nevada) linked to recreational and drinking water supplies, the potentially debilitating consequences of infection in immunocompromised people, and the lack of a cure has made this *cryptosporidium parvae* infection an important health problem.

In 1993 in Milwaukee approximately 400,00 cases of diarrhea attributable to *cryptosporidium parvae* in the general population and 100 deaths immunocompromised individuals were reported. In 1994 and 1995, 289 and approximately 500, respectively, cases were reported among New York City residents, while Nevada experienced two separate outbreaks in 1994.

A new code for this protozoal intestinal infection is being proposed.

TABULAR MODIFICATION

007 Other protozoal intestinal diseases

New code 007.4 Cryptosporidiosis

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Topic: Viral hepatitis carrier status

Due to the severity of certain forms of hepatitis and the possibility of transmission of the disease from carriers it is proposed that the viral hepatitis carrier status code be expanded to identify the type of viral hepatitis.

TABULAR MODIFICATION

V02 Carrier or suspected carrier of infectious diseases

V02.6 Viral hepatitis

New code V02.61 Hepatitis B carrier

New code V02.62 Hepatitis C carrier

New code V02.69 Other viral hepatitis carrier

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Topic: Hypercalcemia/Hypocalcemia

Due to the distinct clinical differences between hyper and hypocalcemia (signs, symptoms and treatment) it is proposed that 274.4 inclusion terms be deleted from the code and shown as new fifth-digit codes.

TABULAR MODIFICATION

	275	Disorders of mineral metabolism
	275.4	Disorders of calcium metabolism
Delete		Calcinosis
		Hypercalcemia
		Hypercalcinuria
		Nephrocalcinosis
		Pseudohypoparathyroidism
		Pseudopseudohypoparathyroidism
New code	275.40	Unspecified disorder of calcium metabolism
New code	275.41	Hypocalcemia
New code	275.42	Hypercalcemia
New code	275.49	Other disorder of calcium metabolism
		Pseudohypoparathyroidism
		Pseudopseudohypoparathyroidism

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Topic: Total parenteral nutrition status (TPN)

It is being proposed that status codes be created for TPN status and enteral alimentation status. TPN is the intravenous administration of all of a patient's daily nutrient requirements. It is generally administered through a central venous access line. TPN can be used for non-hospitalized persons who have lost bowel function. Close monitoring is required for all patients on TPN due to the many serious complications associated with it such as hyperglycemia, hyperosmolarity, pneumothorax and sepsis.

Enteral tube alimentation is used for patients who have a functioning gastrointestinal tract to supplement or replace oral feeding. It is indicated for patients who require intensive protein and calorie support, who are unable, or unwilling to eat. It is generally administered through a nasogastric or nasoduodenal tube, or, less commonly, through a gastrostomy or jejunostomy. There are few complications with this type of feeding.

TABULAR MODIFICATIONS

V45 Other postsurgical states

V45.8 Other postsurgical states

New code

V45.84 Total parenteral nutrition status

New code

V45.85 Enteral alimentation status

That by:

jejunostomy tube

nasogastric tube

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Topic: Nonhealing corneal injury

A corneal injury, specifically a corneal abrasion or chemical injury, requires multiple revisits to the ophthalmologist. Each of these may require separate, yet specific coding identification beyond the initial finding. The American Academy of Ophthalmology proposes the addition of two new codes in sub-category 918.1, Superficial injury of eye and adnexa, for non-healing corneal injury and non-healing corneal defect secondary to chemical injury.

TABULAR MODIFICATION

371 Corneal opacity and other disorders of cornea

371.8 Other corneal disorders

New code 371.83 Non-healing corneal abrasion

Add Excludes: initial corneal abrasion
(918.11)

New code 371.84 Non-healing corneal defect
secondary to chemical injury

Add Excludes: initial corneal chemical
injury (918.12)

918 Superficial injury of eye and adnexa

918.1 Cornea

Delete ~~Corneal abrasion~~
~~Superficial laceration~~

New code 918.11 Corneal abrasion

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Add	Excludes: non-healing abrasion (371.83)
New code	918.12 Corneal defect secondary to chemical injury
Add	Excludes: nonhealing chemical injury (371.84)
New code	918.19 Other superficial injury of cornea

Topic: Febrile convulsions

Febrile convulsions are currently included in code 780.3, Unspecified convulsions. This manifestation of high fever is considered significant enough to warrant its own code, so, it is proposed that code 780.3 be expanded to create a specific code for febrile convulsions. The occurrence of febrile convulsions overall is associated with a slightly increased incidence of subsequent afebrile recurrent seizures(2% develop epilepsy).

TABULAR MODIFICATION

	780	General symptoms
	780.3	Convulsions
Delete		Convulsions:
		disorder NOS
		febrile
		NOS
		infantile
		seizures NOS
		Fits NOS

New code	780.31	Febrile convulsions
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New code

780.39 Other convulsions

Convulsion(s):

disorder NOS

NOS

infantile

Fits NOS

Seizures NOS

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Topic: Crohns' with intestinal obstruction

Patients with Crohn's disease and ulcerative colitis often present to the physician because of intestinal obstruction and other complications of the disease. The issue is, which should be the principal diagnosis, the underlying condition or the acute manifestation? To resolve this, fifth-digits for categories 555 Regional enteritis, and 556 Ulcerative colitis, are being proposed that will incorporate the acute manifestation into the underlying condition code.

TABULAR MODIFICATION

The following fifth-digit subclassification is for use with categories 555 and 556:

New codes	0 without complication
	1 with rectal bleeding
	2 with intestinal obstruction
	3 with fistula
	4 with abscess
	9 with other complication

555 Regional enteritis

Add Use additional code to identify other manifestation, such as:
pyoderma gangrenosum (686.01)

556 Ulcerative colitis

Add Use additional code to identify other manifestation, such as:
pyoderma gangrenosum (686.01)

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569 Other disorders of intestine

569.81 Fistula of intestine, excluding rectum and
anus

Add Excludes: fistula in Crohn's disease (555.03-
555.93)

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Topic: Screening mammography for high-risk patient

National Cancer Institute guidelines recommend a screening mammogram for all asymptomatic women over age 50. Mammograms are also recommended for younger women who are considered at higher risk for developing breast cancer. A family history of breast cancer is the principal reason that a younger woman would be considered to be at higher risk. It is being proposed that a new code be created for encounters for screening mammogram for high-risk women to distinguish this population from other women receiving screening mammograms. This code would be used as per the guidelines for all screenings. That is, the code is only for use for asymptomatic women. A women receiving a mammogram due to a suspicious lump or other symptom should receive the code for the lump or the symptom and not the screening code.

TABULAR MODIFICATION

	V76	Special screening for malignant neoplasms
	V76.1	Breast
New code	V76.11	Screening mammogram for high-risk patient Family history of breast cancer
New code	V76.12	Other screening mammogram
New code	V76.19	Other screening examination

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Topic: Neutropenia

Neutropenia is a reduction of the neutrophil count in the blood. There are several varieties, some congenital, some acquired, ranging from universally fatal, to benign, often self-limiting illness. Many drugs are associated with neutropenia. It may lead to an increased susceptibility to bacterial and fungal infections. Neutropenia in the absence of infection may be present for a considerable time and produce no symptoms. ICD-9-CM (and ICD-10) have a single code for agranulocytosis, a type of neutropenia. All forms of neutropenia are included in the agranulocytosis code. It is being proposed that the various forms of neutropenia be given specific codes.

TABULAR MODIFICATION

288 Diseases of white blood cells

288.0 Agranulocytosis

Delete	Infantile genetic agranulocytosis
	Kostmann's syndrome
	Neutropenia:
	NOS
	cyclic
	drug-induced
	immune
	periodic
	toxic
	Neutropenic splenomegaly

New code	288.00 Neutropenia, unspecified
New code	288.01 Infantile genetic agranulocytosis Kostmann's syndrome
New code	288.02 Other agranulocytosis
New code	288.03 Drug-induced neutropenia

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Use E code to identify drug

New code	288.04	Cyclic neutropenia
		Periodic neutropenia
New code	288.09	Other neutropenia

Topic: Euthyroid sick syndrome

The American Association of Clinical Endocrinologists (AACE) has submitted a proposal for the creation of a new code for Euthyroid sick syndrome. The syndrome is a transient alteration in thyroid hormone metabolism caused by nonthyroidal illness or stress without concomitant disease of the thyroid gland. Consideration of this syndrome is most commonly prompted by an abnormal thyroid function test.

The Euthyroid sick syndrome is synonymous with the term nonthyroidal illness. The syndrome describes a state of "nondisease" of significant clinical importance. Approximately 2% of patients with systemic illness, 10% of hospitalized patients, 30% of psychiatric hospital patients, and 80% of patients with hyperemesis gravidarum have Euthyroid sick syndrome. The syndrome may vary in its clinical presentation. It may be confused with pituitary disease and require more extensive testing of pituitary hormones.

Euthyroid sick syndrome has been extensively reviewed in medical literature. Designation of a code for this syndrome would further validate the importance of this diagnosis and is another step in the process of adequately coding patient illness.

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790 Nonspecific findings on examination of blood

790.9 Other nonspecific findings on examination
of blood

New code 790.94 Euthyroid sick syndrome

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Topic: Allergic bronchopulmonary aspergillosis

Allergic bronchopulmonary aspergillosis (ABA) is a noninvasive form of aspergillosis occurring in asthmatic patients as an eosinophilic pneumonia resulting from an allergic reaction to *Aspergillus fumigatus*. ABA is distinct from the infectious form of Aspergillosis which produces an invasive septicemia, especially in immunosuppressed patients. The ICD-9-CM has only one code for Aspergillosis, 117.3, that does not distinguish between the variations. It is being proposed that a new code be created to identify this disease caused by Aspergillosis.

TABULAR MODIFICATION

	518	Other diseases of lung
New code	518.6	Allergic bronchopulmonary aspergillosis

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Topic: Disseminated Mycobacterium avium-intracellulare Complex (DMAC)

DMAC infection is the most common disseminated bacterial infection in patients with advanced AIDS. DMAC infections usually occur late in the course of AIDS, accompanying severe immunodeficiency. The incidence of MAC bacteremia correlated with CD4+ T-lymphocyte count. Median survival after diagnosis of MAC bacteremia is 134 days, with only 13% surviving 1 year. MAC causes disseminated disease in as many as 40% of patients with HIV infection. Because patients with HIV infection are surviving longer there is a growing risk of an increase in the incidence of DMAC in AIDS patients.

The ICD-9-CM currently indexes pulmonary Mycobacterium avium to code 031.0. A separate code for DMAC is being proposed.

TABULAR MODIFICATION

031 Diseases due to other mycobacteria

New code	031.2	Disseminated Mycobacterium avium-intracellulare Complex (DMAC) MAC bacteremia
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Topic: Fitting and adjustment of cerebral ventricle shunt

The ICD-9-CM has codes for the presence of a cerebral ventricle shunt and for mechanical complications of the shunt. But there is no code for an encounter for the fitting and adjustment of a shunt. This is being proposed now.

TABULAR MODIFICATION

V53 Fitting and adjustment of other device

V53.0 Devices related to nervous system and special senses

Delete

~~Auditory substitution device~~
~~Visual substitution device~~
~~Neuropacemaker (brain) (peripheral nerve)(spinal cord)~~

New code

V53.01 Fitting and adjustment of cerebral ventricle (communicating) shunt

New code

V53.02 Fitting and adjustment of neuropacemaker (brain) (peripheral nerve) (spinal cord)

New code

V53.09 Fitting and adjustment of other devices related to nervous system and special senses
Auditory substitution device
Visual substitution device

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draft

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Topic: History of benign neoplasm of brain

The ICD provides extensive categories for history of malignant neoplasms but none for benign neoplasms. Though benign neoplasms are generally not a persistent problem once treated, benign neoplasms of the brain often recur and can be difficult to treat and life threatening. It is proposed that a new code be created for history of benign neoplasm of the brain.

TABULAR MODIFICATION

V12 Personal history of certain other diseases

V12.4 Disorders of nervous system and sense organs

V12.40 Unspecified disorder of nervous system and sense organs

V12.41 Benign neoplasm of the brain

V12.49 Other disorders of nervous system and sense organs

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ADDENDA

TABULAR

078.1 Viral warts
Add Viral warts due to Human papillomavirus

250 Diabetes mellitus

The following fifth-digit subclassification is for use with category 250:

0 type II [non-insulin dependent type] [NIDDM] [adult-onset type] or unspecified type, not stated as uncontrolled
Add Fifth-digit 0 is for use for type II, adult-onset diabetic patients, even if the patient requires insulin for blood sugar management

2 type II [non-insulin dependent type] [NIDDM] [adult-onset type] or unspecified type, uncontrolled
Add Fifth-digit 2 is for use for type II, adult-onset diabetic patients, even if the patient requires insulin for blood sugar management

290 Senile and presenile organic psychotic conditions

~~Delete Use additional code to identify the associated neurological condition, as:~~

Add Code first the associated neurological condition

305.0 Alcohol abuse

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Delete Excludes: ~~physical complications of alcohol, such as:~~
~~cirrhosis of liver (571.2)~~
~~epilepsy (345.00-345.91)~~
~~gastritis (535.3)~~

590.80 Pyelonephritis, unspecified
Delete Excludes: ~~calculous pyelonephritis (592.9)~~

661.2 Other and unspecified uterine inertia
Delete ~~Atony of uterus~~

670 Major puerperal infection
Puerperal:
Revise fever, **septic**

Add Excludes: puerperal pyrexia NOS (672)
Add puerperal fever NOS 672
Add puerperal pyrexia of unknown origin 672

731.8 Other bone involvement in diseases classified elsewhere

Add Use additional code to specify bone condition, such as:
acute osteomyelitis (730.00-730.09)

785.4 Gangrene
Add Gangrenous cellulitis

793.1 Lung field
Delete ~~Coin lesion~~

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989.83 Silicone

Add Excludes: silicone used for medicinal
purposes-code to condition

Delete V51 Aftercare involving the use of plastic surgery
~~Repair of scarred tissue~~

Add Excludes: repair of scarred tissue- code to scar

Revise V58.6 Long-term (current) **therapeutic** drug use

Add Excludes: drug abuse (305.1-305.93)
drug dependence (304.00-304.93)

Add V70.4 Examination for medicolegal reasons
Paternity testing

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ADDENDA

INDEX

Adhesions
uterine 621.5
Revise to abdominal wall **614.6**

Anemia
Revise hemolytic **283.9**

Atony
Revise uterus **666.1**

Add Breast feeding difficulties 676.8

Calculus...
Delete ~~pyelonephritis ...592.9~~

Add CIN I[cervical intraepithelial neoplasia I] 622.1

Add CIN II [cervical intraepithelial neoplasia II] 622.1

Add CIN III [cervical intraepithelial neoplasia III] 233.1

Decreased...
Add fetal movement 655.8

Add Discrepancy, uterine size-date 655.8

Difficulty
Add breast feeding 676.8

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Dysplasia

cervix (uteri) 622.1
Add cervical intraepithelial neoplasia I[CIN I] 622.1
Add cervical intraepithelial neoplasia II[CIN II]622.1
Add CIN I 622.1
Add CIN II 622.1

Encephalitis

Revise lupus 710.0 **[323.8]**

Fever

hemorrhagic
Add Ebola 065.8
Add neutropenic 288.0

Revise Gastroenteritis...(chronic)

Hemorrhage

Revise intermenstrual **626.4**
uterus
Revise intermenstrual **626.4**

Add Hyperstimulation, ovarian 256.1

Infection

Add Ebola 065.8
Delete ~~specific (see also Syphilis) 097.9~~
~~to perinatal period NEC 771.8~~
virus...
Add Ebola 065.8

Lesion

Revise coin, lung **518.89**

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Lupus 710.0
 erythematosus...
 systemic 710.0
Add with encephalitis 710.0 [323.8]

Add Movement, decreased fetal 655.8

Revise Neutropenia, neutropenic (**fever**)...288.0

Add Overstimulation, ovarian 256.1

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Pain
 chest...
Add atypical 786.59
Add midsternal 786.51
Add musculoskeletal 786.52
Add noncardiac 786.59
Add substernal 786.51

Add Paternity testing V70.4

Pressure
 increased
Revise intracranial ~~348.2~~ 781.9
Add due to
Add benign intracranial hypertension 348.2
Add hydrocephalus -see Hydrocephalus

Pyelonephritis...
Delete ~~—calculous 592.9~~

Sepsis...
Add nadir 038.9

Syndrome
Add Pfeiffer (acrocephalosyndactyly) 755.55

Add Test, paternity V70.4

Add Uterine size-date discrepancy 655.8

Varix...
Add gastric 456.8
Add prostate 456.8

Vasculitis 447.6

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Add leukocytoclastic 446.29

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E CODE INDEX

Assault
 pushing
Revise before moving object, train, vehicle **E968.5**

Crash
 motor vehicle...
Revise homicidal **E968.5**

Hit...
 missile
Revise in war operations-see War operations, missile
 ~~E917.9~~

Pushing
 by other person...
 before moving vehicle or object
 stated as
Revise intentional, homicidal **E968.5**
 from
 motor vehicle...
 stated as
Revise intentional, homicidal **E968.5**